Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

# Disability Certificate

**District Medical Officer, Alappuzha**
**Alappuzha, Kerala**

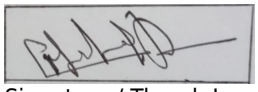
**Certificate No.: KL1190619980166580** **Date: 31/05/2023**

This is to certify that I/we have carefully examined Shri **Viswajith R**, Son of Shri **Radhakrishnan**, Date of Birth **21/04/1998**, Age **25**, M, Registration No. **3211/00000/2203/1231683**, resident of House No. **Nandanam, Puthenchanda P.o** - **690501**, Sub District **Mavelikkara**, District **Alappuzha**, State / UT **Kerala**, whose photograph is affixed above, and I am/we are satisfied that:

**(A)** He is a case of **Locomotor Disability**
**(B)** The diagnosis in his case is **RIGHT PAN BRACHIAL PLEXOPATHY POST RTA ALLEGED**
**(C)** He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

District Medical Officer, Alappuzha
Alappuzha, Kerala

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.